

**NELSON COUNTY PARKS & RECREATION DEPARTMENT**  
**YOUTH ATHLETIC REGISTRATION FORM**  
**P.O. BOX 442 LOVINGSTON, VA 22949**  
**434-263-7130 FAX 434-263-6022**  
**Form MUST be at the NCPRD office before registration deadline**

SPORT: \_\_\_\_\_ PRACTICE SITE: \_\_\_\_\_

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PRESENT AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

CIRCLE SHIRT SIZE : **YOUTH** - small med large **ADULT** - small med large x-large xx-large  
(6-8) (10-12) (14-16) (34-36) (38-40) (42-44) (46-48)

MEDICAL INFORMATION: Does your child have any special needs, physical limitations, allergies, or medications? Please list:

MOTHER/GUARDIAN: \_\_\_\_\_ FATHER/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Send: ☐ Just this sport info ☐ Any NCPRD info

EMERGENCY CONTACT (other than parent): NAME \_\_\_\_\_ PHONE \_\_\_\_\_

List SIBLINGS that are in the SAME AGE group: \_\_\_\_\_

We need volunteers, please circle where you can help:

1. COACH      2. ASSISTANT COACH      3. TEAM PARENT      4. REFEREE      5. TEAM SPONSOR (\$125)

\*\*\*\*\*In the event of illness or injury to my child, which in the judgment of the NCPRD staff & volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I hereby release the NCPRD, The County of Nelson, and/or the Nelson County Public Schools from any and all claims I may have for all personal injuries my child may incur by participating in this program. I understand the County does not provide insurance & that I am responsible for any expenses for injuries.

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by Nelson County, Virginia

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY

Payment: \$35/child      CASH      CHECK #      REC. #      NCPRD STAFF